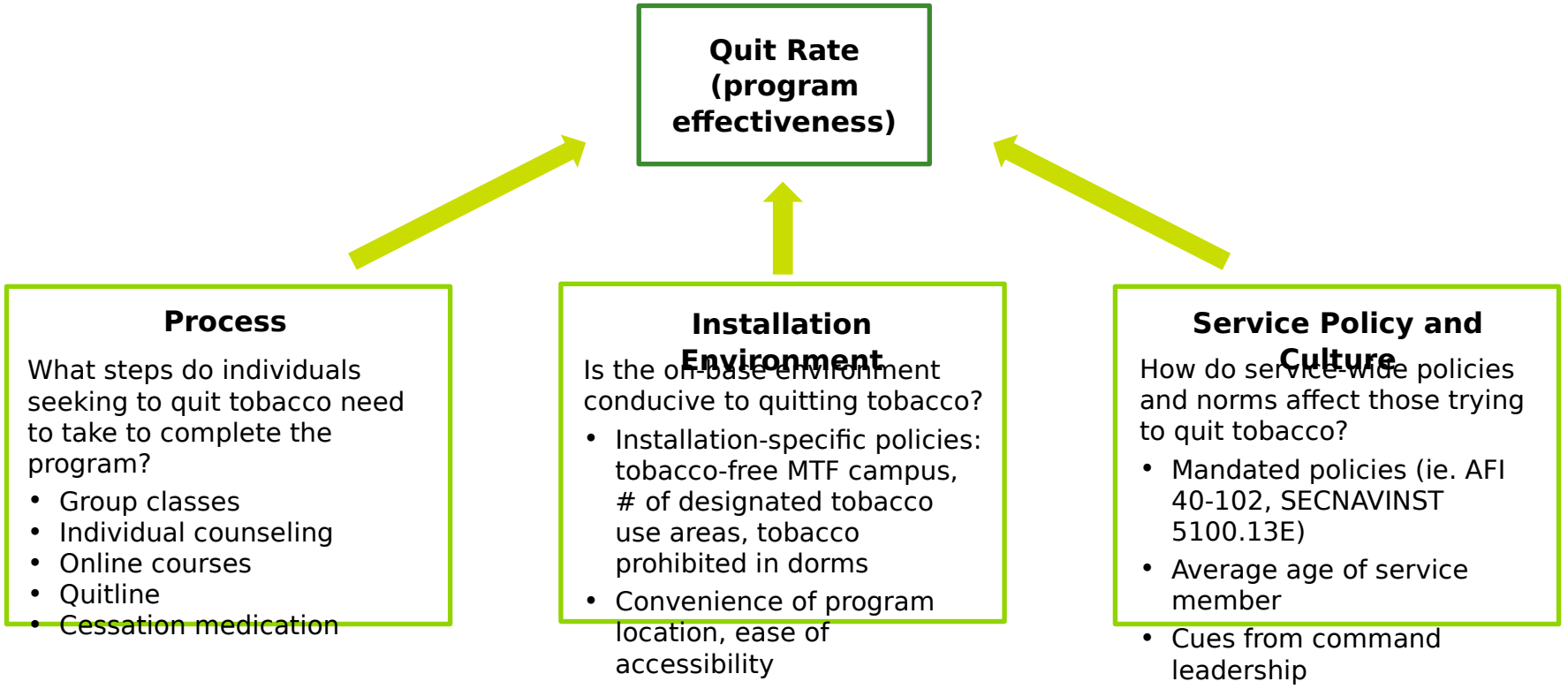
Best Practices from Tobacco Cessation Programs at Various Healthy Base Initiative Installations

April, 2015

Methodology

A variety of factors – including program process, installation environment, and service policy and culture – were considered when researching tobacco cessation programs at HBI installations. Understanding which factors are associated with the highest program success rates allows for best practices to be identified and shared with the HBI community and beyond.


Quit Rate (program effectiveness)
Process
What steps do individuals seeking to quit tobacco need to take to complete the program?
• Group classes
• Individual counseling
• Online courses
• Quitline
• Cessation medication
Installation Environment
Is the on-base environment conducive to quitting tobacco?
• Installation-specific policies: tobacco-free MTF campus, # of designated tobacco use areas, tobacco prohibited in dorms
• Convenience of program location, ease of accessibility
Service Policy and Culture
How do service-wide policies and norms affect those trying to quit tobacco?
• Mandated policies (ie. AFI 40-102, SECNAVINST 5100.13E)
• Average age of service member
• Cues from command leadership

Key Factors of Success

Based on the initial scan of programs, several key factors of success have emerged:

Individual Counseling vs. Group Classes

- Though group classes may reach more people in a shorter timespan, **programs with one-on-one counseling sessions are often associated with higher quit rates, even in service populations that have higher tobacco use rates, such as the Marine Corps**
  - Group Class (Ft Bragg): 13% quit rate (66/475)[1]
  - Individual class (29 Palms): 39% quit rate (206/527)[2]
- Programs with individual counseling were able to offer medication to individuals within a few hours, **taking advantage of window of opportunity** when an individual wants to quit (this is less likely to occur when coordinating group class schedules)
- However, individual counseling requires a passionate cessation specialist who can devote the majority of his or her time to the program
- Individual sessions may lack of camaraderie and group support as present in class, but can offer more personalized approach tailored to individual needs
- Cessation specialists must receive adequate training to deliver either group or individual counseling sessions; a single half-day course is often not sufficient

Prescribing Cessation Medication

- Whether through classes or counseling, individuals should be **well-educated on medication options prior to receiving a prescription from their provider**
- A small window of opportunity exists when individuals commit to quit. The sooner they can begin medication, the better.
  - At 29 Palms, individuals **begin medication within a matter of hours** from when they first speak with a counselor
  - At Fort Sill, individuals **begin medication prior to the start of group classes**; this allows people to be more focused and calm during the course itself
- **Requiring providers to flag individuals who use tobacco** and connect those who are interested in quitting to program resources is an effective way to get people into the program; all such interactions should be noted in AHLTA

1 APHN Tobacco Use Cessation Program (3 mos. quit rate), Fort Bragg (1 Jul 2012 – 31 Dec 2012)
2 Phone interview with NHTP Health Promotions Coordinator (3 mos. QT rate). Interview conducted 6 Nov 2014.

Key Factors of Success (cont'd)

Based on the initial scan of programs, key factors of success have emerged:

Effective Follow-Up

- Having a dedicated employee check in with individuals following program completion can allow for more frequent follow-up
  - 3 mos. // 6 mos. // 12 mos.
- **Effective follow-up is essential to accurately measuring program impact**
  - At Fort Bragg, reaching individuals by phone to conduct follow-up proved to be more effective than by email
- Follow-up conversations **should exclude any indication of judgment from the program lead**; individuals who did not successfully quit should feel welcome to return
- Getting in touch with individuals months after program completion may be difficult due to PCSing and transitions; data collected should accurately reflect the number of individuals who completed the program vs. the number of individuals who were able to be reached at follow-up

Program Outreach

- Effectively promoting tobacco cessation programs and resources offered is key to increasing utilization to the wealth of services installations provide. **Successful proactive marketing approaches** include:
  - Installation-wide email (used sparingly) quickly reaches Active Duty population: cessation specialist at Mountain Home uses this method to advertise upcoming class schedule, reaching 3800 service members at once
  - Setting up booths at health fairs, as well as in high-traffic locations on base, expands outreach to individuals not familiar with the program
  - Connecting with Key Spouse groups and unit leaders raises awareness for Service members and their families
- **Offer incentives to increase participation**
  - At Fort Bragg, successful completion of the tobacco cessation program earns service members a **certificate of achievement that is worth promotion points**
  - At Quantico, **free giveaways** at booths help lure in service members

Tobacco in the Military

Did you know?

Data from other Army installations indicate that the number one reason for relapse is stress; and the number one stress factor is work-related[1]

66% Percentage of individuals who attribute **stress** as the primary reason for relapse

23% Percentage of individuals who say stress is primarily **work-related**

Keep in mind these best practices when using nicotine patches:[2]

- ✓ **Remove patch 2 hours prior to engaging in prolonged strenuous exercise (do not where when exercising)**
- ✓ **Do not attempt to adjust your dose by cutting a patch. Cutting a patch will cause the nicotine to evaporate rapidly, making all the pieces useless.**
- ✓ **Patches are sensitive to heat and should be stored between 20-25°C (68-77°F).**

TRICARE will cover two quit attempts each year.[3] Smoking cessation medications covered by TRICARE include:

- ✓ **Nicotine Lozenge**
- ✓ **Nicotine Gum**
- ✓ **Nicotine transdermal**
- ✓ **Nicotine inhalation**
- ✓ **Nicotine nasal spray**
- ✓ **Bupropion SR tablets (Zyban, generics)**
- ✓ **Varenicline tablets (Chantix)**

Research shows that people who quit "cold turkey" will experience fewer cravings over time:[2]

Day 3: 6 craving episodes

Day 4: 3-4 craving episodes

Day 10: <2 craving episodes

Cessation rates are positively correlated with the length of counseling sessions

High intensity sessions (more than 10 minutes) **result in higher quit rates** than minimal intensity sessions (less than 3 minutes)[4]

Beyond health implication, the REAL COST of tobacco can be quantified in a variety of ways:[2]

Financial: Pack-a-day smokers spend over **$2.200/year** on tobacco alone. The **real cost per pack is over $42** when taking into account increased medical and insurance costs, disability, lost wages, etc.

Opportunity: Pack-a-day smokers waste 487 hours or **61 days per year** doing nothing but smoking (with 4 min avg. time to smoke cigarette)

1 APHN Tobacco Use Cessation Program, Fort Bragg (1 Jan 2012 – 31 Dec 2012)
2 Naval Hospital Twentynine Palms MAGTFTC MCAGCC Tobacco Cessation Program Manual. July 2014.
3 Help Your Patients Quit Tobacco Use: An Implementation Guide for the Armed Forces. Partnership for Prevention and Action to Quit. July 2014.
4 An Overview of Tobacco Cessation Counseling. WorkShifts Fact Sheet. Oct 2009.

Appendix

Contains Tobacco Cessation Program Highlights and Installation-Specific Analyses:

- Fort Bragg (Army)
- Fort Sill (Army)
- 29 Palms (Navy / Marine Corps)
- Quantico (Navy / Marine Corps)
- Mountain Home (Air Force)
- Yokota (Air Force)

Tobacco Cessation Program Highlights

Program Description

- Health and wellness services on base run by the Army, Navy, Air Force, and Marine Corps offer a variety of resources to individuals seeking to quit tobacco, including:
  - in-person group cessation courses,
  - Individual counseling sessions,
  - tobacco hotline ("Quitline")
  - Online educational classes
- Programs vary in size and nature - some include extensive individual counseling and thorough follow-up; all involve close coordination with providers to prescribe tobacco cessation medications should the individual choose to use them

Evidence of Program Effectiveness

- Mountain Home: In a follow-up survey conducted 90 days after program completion, **90% of participants report they have either quit or significantly reduced their tobacco use** (2010-2014)
- Fort Bragg: **Nearly half of those who successfully completed the program remained tobacco free 12 months later** (6 month and 3 month quit rates were higher - 66% and 87%, respectively)
- 29 Palms: **Success rate for program type double what CDC indicates is expected.** The tobacco cessation specialist reaches approximately **550 individuals per year** through one-on-one counseling.

Costs and Resources Required

- Costs and resources vary based on installation, but generally include:
  - Tobacco Cessation Specialist salary and training (some sites employ a single FTE, whereas others utilize several part-time resources to manage the program)
  - Cost of marketing and promotional materials, printing, office supplies

Key Takeaways

- **Policy shapes environment -** Success of tobacco cessation program at Mountain Home reflects service- and installation-specific policy changes: Spike in program attendance and higher reduction in tobacco use each time restrictive policies were implemented
- **Coordinate with providers** – At many installations, providers are required to flag all patients who use tobacco; list is shared with tobacco cessation program lead, who contacts individuals and invites them to join the program
- **Leverage outside experts** – Majority of programs reviewed were based on outside curriculum (American Cancer Society, American Lung Association); program leads received training and certification from accredited institutions and also sought expertise from those at other installations or leading healthcare organizations

**Note: Six installations made cessation specialists available for interviews. See site-specific slides for additional program details*

Tobacco Cessation:

Overview

- **Program Objective:** Offer a comprehensive, easy-to-access tobacco cessation program for individuals seeking to quit tobacco at Fort Bragg
- **MTF:** Fort Bragg
- **Implementation Dates:** 2000 - Present (with continuous adjustments to program throughout time period)
- **Total Force Fitness Domains:** Physical, Medical and Dental, Behavioral, Psychological

Program Description

- All participants are required to attend a 1.5-hour "Ready to Quit" information session, which teaches them about various medication options and additional resources available; from there, individuals may choose to complete the four-week in-person program or utilize websites or the Quitline
- In-person program includes four courses – Planning to Quit Tobacco, Withdrawal and Coping, Stress and Anger Management, Weight Gain and Relapse Prevention – and is based on curriculum from the American Cancer Society
- Classes are offered at seven different clinics on and off base at varying times to accommodate individual schedules

Evidence of Program Effectiveness

The data below is from APHN Tobacco Use Cessation Program (1 Jan 2012 – 31 Dec 2012)

- Nearly half (47%) of those who successfully completed the program remained tobacco free 12 months later
  - 6 month and 3 month quit rates were higher (66% and 87%, respectively)

Costs and Required Resources

- 1 certified Tobacco Treatment Specialist (full-time)
- 2 full-time Health Technicians
- Additional part-time employees at other clinics needed to teach the class (1-2 people per site)

Lessons Learned

- Incentivize class completion: Individuals who attend three of the four in-person classes, blow CO<5ppm, and complete Freshstart handbook assignments are considered as having successfully completed the program and receive a **certificate of achievement that is worth promotion points**
- Target message: When promoting the program at health fairs, tailoring messaging to the audience is highly effective (for example, successful re-branding from the "Tobacco Cessation" booth to one that simply promotes healthy living and encourages people to help their friends quit tobacco)
- Foster ties with **outside tobacco experts**; program lead met counter-parts while attending the Mayo Clinic's Tobacco Treatment Specialist course
- When contacting patients for follow-up, **phone calls prove more effective than e-mails**

Tobacco Cessation at Fort Bragg: A Group Course-Based Program

What's the Process for Someone Trying to Quit?

Indicate Willingness to Quit Tobacco
As a pre-requisite to any treatment at Fort Bragg, providers must ask patients if they use tobacco and go through the 5As approach. Individuals who indicate a willingness to quit are referred to the tobacco cessation program.

Attend Ready to Quit Information Session
All individuals must attend a 1.5-hour information session, offered in seven different locations. Sessions cover the benefits of quitting, symptoms and triggers, and medication options.

Receive Medication Following Information Session
According to the SOP, individuals will select and receive medication no later than 2 weeks after the information session.

Complete Tobacco Cessation Courses
To successfully complete the program, individuals must be screened at Preventive Medicine and attend three out of four in-person courses, based on the American Cancer Society's curriculum.

Minimum process timeframe: 4-6 weeks

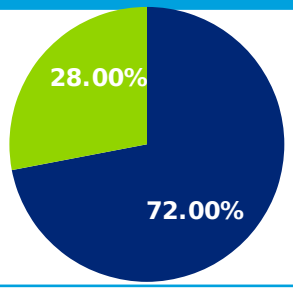
Eligible Participants: Active Duty and family members, retirees and family members, DoD federal employees

Resources: 100% of time of 1 Tobacco Cessation Specialist

Base Environment

28% of Active Duty soldiers on Fort Bragg use tobacco, according to data from dental exams

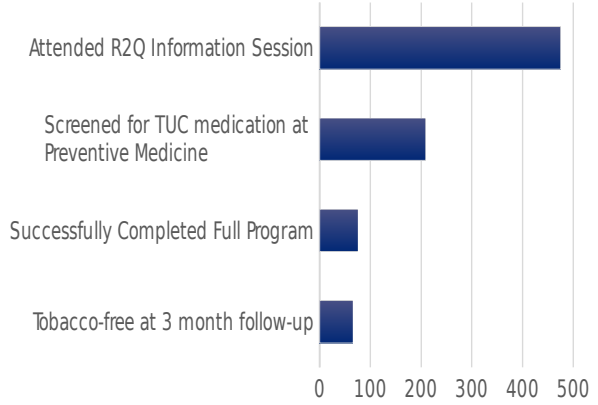
2020 goals aim to decrease this figure to less than 12%



Outcomes

Of those who went through the full course, 87% were tobacco free 3 months after program completion; however, this group represents only 13% of individuals who took the initial Ready to Quit information session (n=475), indicating significant drop-off.[1]

Tobacco Cessation Participation and Success Rates1



The highest rates of success were attributed to those individuals who took advantage of all options available[1]

Seminar only: 9%

Information session and medication: 18%

Information session, medication, and 3/4 in-person classes: 47%

1 APHN Tobacco Use Cessation Program, Fort Bragg (1 Jan 2012 – 31 Dec 2012)

Tobacco Cessation: Fort Sill

Overview

- **Program Objective:** Leverage one-on-one follow-up and small group classes to ensure individuals feel supported and empowered to quit tobacco
- **MTF:** Fort Sill
- **Implementation Dates:** June, 2014 - Present (in current form)
- **Total Force Fitness Domains:** Physical, Medical and Dental, Behavioral, Psychological

Program Description

- Through in-person courses (American Lung Association Curriculum), scenario-planning, and one-on-one counseling sessions, the program targets the **mental aspect** of quitting; through medication, it also targets the **physical aspect** of quitting
- Tobacco cessation program runs from Jan-Nov, with admits done on a rolling basis. Group classes are held for 1 hour
- Alternatives to the in-person class include the UCANQUIT2 Quitline and Oklahoma Quitline, which offers free patches and gum to aid in quitting
- Majority of individuals are referred into the program by their doctor or command leadership

Evidence of Program Effectiveness

As the program at Fort Sill is relatively new, large-scale data is not yet available

- Jan 2015 group class includes **7 participants**, many of whom signed up for course at Great American Smokeout event on installation; Success is defined as someone who has quit for 1 year
- **19.1% of tobacco users indicate desire to get help** to "become or stay tobacco free" according to survey of Fort Sill BCT and AIT Soldiers.
- Program goals align with Healthy People 2020 initiative to "reduce illness, disability, and death related to tobacco use and secondhand smoke exposure"

Costs and Required Resources

- 1 certified Tobacco Treatment Specialist (part-time)
- Costs largely limited to price of printing materials for course

Lessons Learned

- Having individuals begin medication roughly one month **before the class** begins allows participants to maintain focus during the class
- Though challenging to do on a large-scale, **individual counseling** before and after the course is key to deterring tobacco use
- **Understanding triggers**: Encourage participants to drink orange juice instead of coffee in the morning (makes cigarettes taste worse), or swap tea for coffee; instruct participants to clean their cars to clear the smell of smoke and decrease cravings
- Though not currently feasible at Fort Sill, previous experience shows the value of **embedding a pharmacist in the class**: prior to the course, the pharmacist received a list of participants and was able to pre-prescribe medication for all

Tobacco Cessation at Fort Sill and Installation Environment

The tobacco cessation program at Fort Sill, which includes a one-on-one initial screening with a cessation specialist, is unique in that individuals begin taking cessation medication prior to attending the group

What's the Process for Someone Trying to Quit?

Undergo Initial Screening
How long has individual been smoking? What brands of tobacco do they prefer? Have they tried to quit before? If so, what types of medication or programs have they tried?
**This information is placed into AHLTA, made available to provider*

Meet with Provider
Individual books appointment with provider at PCMH; receives medication

Begin Medication Prior to Class
Individual begins taking medication roughly one month prior to class and attends course focused and alert

Complete Course and Follow-Up
Complete tobacco cessation course. Follow-up is conducted one week after completion

Minimum process timeframe:	**4-6 weeks**	**Eligible Participants:**	**Active Duty and family members, retirees and family members, DoD federal employees**
Resources:	**Part-time of 1 Tobacco Cessation Specialist**		

Outcomes

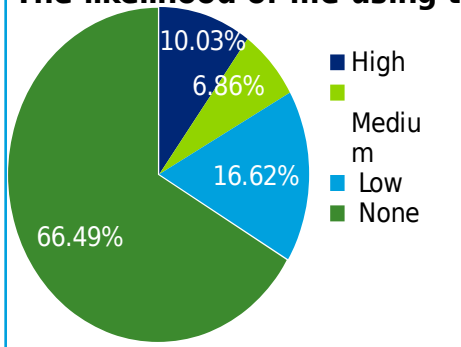
As the program at Fort Sill in its current form began in June, 2014, large-scale quantitative data is not yet available. However, evidence-based research supports the use of prescription medication in combination with behavioral support.

- In a study of over 1,500 adult smokers, those who utilized the **combination approach** of prescription medication and behavioral support were nearly **3 times as likely** to successfully quit tobacco compared to those who used neither forms of treatment[1]
- Smokers who bought nicotine replacement therapy (NRT) over the counter with no behavioral support were **30% less likely** to succeed in quitting[1]

Fort Sill Environment

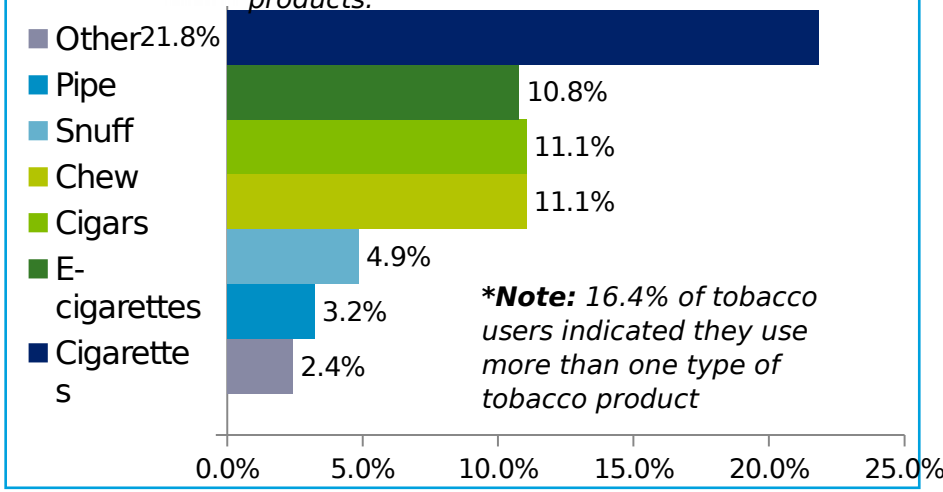
As of January 2015, all Soldiers enrolled in BCT or AIT take a tobacco survey, providing valuable data to cessation counselors regarding the base environment. Key findings from the survey, which was completed by 371 soldiers, are indicated below.[2]

The likelihood of me using tobacco after AIT is:



Of 371 Soldiers who completed the survey, 136 are tobacco users. Of those, ***19.1% would like help quitting or staying quit.***

Tobacco users use a variety of tobacco products:



***Note:** 16.4% of tobacco users indicated they use more than one type of tobacco product*

1 Prospective Cohort Study of the Effectiveness of Smoking Cessation Treatments Used in the "Real World" Kotz, Daniel et al. Mayo Clinic Proceedings, Vol 89, Issue 10, 1360 – 1367.
2 IET Tobacco Survey Database. Data collected among Active Duty enrolled in BCT and AIT in Jan 2015.

Tobacco Cessation: 29 Palms

Overview

- **Program Objective:** Provide support to individuals through one-on-one counseling to ensure that quitting tobacco is as easy as buying tobacco
- **MTF:** 29 Palms
- **Implementation Dates:** 2000 - Present
- **Total Force Fitness Domains:** Physical, Medical and Dental, Behavioral, Psychological

Program Description

- Program unique in that it is based on a **one-on-one counseling session** (~30-60 min.) to discuss root causes of tobacco use, cessation medication, "tips and tricks" for quitting; program lead also offers **a one-session group class**, but not the typical four-session schedule other programs follow
- Individual signs agreement to not mix cessation medication with alcohol, high energy drinks, or certain nutrition supplements; form added to EMR
- Immediately following counseling session, individual meets with provider to obtain prescription and **picks up medication same day**
- Follow-up conducted at 3, and 6 mos. intervals for outpatient program (majority of participants); inpatient participants are also contacted 30 days after initial session; lead exhibits non-judgmental approach if individual has relapsed, they are encouraged to return to the program when ready

Evidence of Program Effectiveness

- NHTP was **chosen by TMA as a best practice site** and is currently part of a TMA NIH research project already identifying best practices in the DoD
- In 2013, program lead saw **527 people**; success rates were 39% (3 mos.) and 42% (6 mos.), which is **double what CDC guidance projects for type of program**
  - Success rates particularly notable, given that Marines have highest tobacco use rate compared to other services

Costs and Required Resources

- Part-time Tobacco Cessation Specialist to conduct counseling, follow-up, program administration
- Additional participation of employee to conduct unit stand-downs and refer interested individuals to program
- $1,300/yr. to print tobacco handbook

Lessons Learned

- Attention to **small details** helps individuals quit: lead instructs patients not to wear nicotine patches over their tattoos, advises them to eat apples if they feel nauseous on medicine, offers mint pouches and menthol toothpicks to deal with oral fixation
- **Let program evolve based on needs of population** (General Systems Theory); no longer tied to class structure, as courses were often difficult for individuals to attend based on work schedule
- Program benefits from MTF policy that **all providers can write prescription for tobacco cessation medication, including Dental**
- Provide additional resources: 80-page handbook covers medications, mental health, prevention, tobacco's association with different diseases

Tobacco Cessation at 29 Palms: A Counseling-Based Approach

What's the Process for Someone Trying to Quit?

Make Decision to Quit
Encouraged by their healthcare provider, chain of command, or determined on their own, an individual indicates desire to quit tobacco, is directed to visit cessation program at Health Promotions (in hospital)

Individual Counseling
The individual meets with the tobacco cessation specialist for 30-60 minutes (longer if needed) to discuss why they use tobacco and review treatment options. Patients complete an intake form and sign agreement to not mix cessation medication with alcohol or other drugs. They are also given comprehensive booklet with additional resources and guidance on quitting.

Receive Prescription from Healthcare Provider
Individuals bring the signed memo to their provider and verify treatment plan. Providers call in a prescription for the desired medication.

Pick Up Medication from Pharmacy
Individuals return to the pharmacy where their prescription is waiting. Active Duty have "head of line" privileges.

Follow-Up Conversation
Tobacco cessation specialist calls individuals at 3- and 6-month markers to check in. Those who have not remained tobacco free are encouraged to return to the program when they are ready.

Minimum process timeframe: **4-6 Hours**

Eligible Participants: **Active Duty and family members, retirees and family members, DoD federal employees**

Resources:
100% of time of 1 Tobacco Cessation Specialist
Part-time employee for unit stand-downs

✓ Program lead supports participants past military retirement by helping them **navigate healthcare in the civilian sector**; explains to them the VA medical system and Affordable Care Act mandates

Outcomes

In 2013, 39% of those who underwent individual counseling through the program remained tobacco-free 3 months later,[2] which is double what CDC guidance projects for this type of program.[3] Success rates are particularly notable, given that Marines have highest tobacco use rate compared to other services. Approximately 550 individuals per year receive individual counseling.

Increased Accountability

By signing an agreement not to mix tobacco cessation medication with alcohol, high energy drinks, or certain nutrition supplements and documenting the agreement in EMR, individuals are held accountable to their subsequent actions. Since imposing this requirement 10+ years ago, the number of individuals reporting to the Emergency Room due to negative Zyban side effects has decreased to zero.

Did you know?

- Wearing nicotine patches over tattoos may cause ink to run
- Eating apples can decrease nausea caused by cessation medication
- Cinnamon gum, menthol chew sticks, and mint pouches can provide oral fixation relief for people trying to quit tobacco
- Mixing Zyban and alcohol can cause seizures and/or liver damage; mixing Chantix and alcohol causes dizziness

1 Note: Information depicts process for outpatient individuals who choose to use cessation medication; a small number of individuals enter the program as inpatients; not all participants choose to use medication. 2 Data obtained through phone interview with NHTP Health Promotions Coordinator (6 Nov 2014). Coordinator counselled 527 individuals in 2013; 39% success rate is based on those who could be reached at follow-up. 3 2008 HHS Clinical Practice

Tobacco Cessation: Quantico

Overview

- **Program Objective:** Provide one-on-one counseling and academic materials to support people interested in quitting tobacco
- **MTF:** Naval Health Clinic Quantico (NHCQ)
- **Implementation Dates:** 2006-Present
- **Total Force Fitness Domains:** Physical, Medical and Dental, Behavioral, Psychological

Program Description

- *Quantico offers cessation services from specialists located at both Medical Home Port and Health Promotion (Semper Fit); unless otherwise noted, information below pertains to Medical Home Port, as this side delivers services to a relatively greater number of individuals on base.*
- Program based on providing one-on-one counseling session (1-1.5 hours) to assist individuals seeking to quit tobacco in understanding addiction, and to discuss what they may expect and how to avoid common pitfalls; individuals receive resource packet, which includes academic articles
- RN Educator may refer patients to Registered Dietician, or clinical psychologist on base to discuss other topics, such as diet and exercise, that are important to consider when quitting tobacco
- After counseling session, individual meets with provider to obtain prescription, pick up medication, follow up conducted at 3 and 6 most intervals

Evidence of Program Effectiveness

- For individuals who completed one-on-one counseling session at Medical Home Port *and were able to be reached at follow-up* (Oct 2012 – May 2014):
  - **Average quit rate: 56% (3- and 6-month follow-up intervals combined)**
- Program **metrics submitted on a monthly basis** to leadership and uploaded to shared drive
- Patients must be seen by a provider in order to receive tobacco cessation medication, and all providers on the installation may prescribe medication; in tobacco cessation program prior to starting medication

Costs and Required Resources

- 2 part-time cessation specialists to conduct counseling sessions, follow-up, and market services
- 1 part-time employee (metrics collection)
- Additional costs (printing, office supplies) relatively minimal

Lessons Learned

- Nurse Educator **reached more people by offering group classes** when formerly located in Health Promotion Semper Fit (class attendance decreased after requirement to attend class in order to receive medication was eliminated); Nurse is now located in Medical Home Port, NHCQ and offers individual counseling sessions only
- **Coordination with cessation program leaders at other Marine installations** allows best practices to be shared specific to the target population
- Seeing the big picture: **Leveraging wellness counterparts, including sports specialists, registered dieticians, and clinical psychologists**, on the installation enables Tobacco Cessation Educators to assist individuals in making healthy lifestyle choices to help them quit tobacco
- RN Educator at Medical Home Port is former tobacco user, which allows her to "talk the talk" more since she's

Tobacco Cessation at Quantico: A Counseling-Based Approach

What's the Process for Someone Trying to Quit?

Make Decision to Quit
All providers are required to flag individuals who use tobacco in AHLTA; if interested in quitting, providers may walk patient to the MHP Tobacco Cessation Nurse Educator to schedule an appointment. Walk-ins also accepted, based on availability.

Individual Counseling
The individual meets with the RN Educator for 60-90 minute session. Individuals complete forms including a female pregnancy disclaimer and biometric data (age, weight, BP, heart rate). Using a packet academic articles and research studies as a guide, Nurse educates patient on what it means to be addicted, resources and tips for quitting, and what to expect.

Receive Prescription from Healthcare Provider
Individuals are given a packet with academic materials discussed and Nurse's business card. Patient returns to provider to request prescription for tobacco cessation medication, *if not received in previous appointment*.

Pick Up Medication from Pharmacy
Individuals return to the pharmacy to pick up tobacco cessation medication, such as NRT, Zyban or Chantix.

Follow-Up Conversation
Tobacco Cessation Nurse conducts follow-up 3 and 6 months after initial counseling. Follow-up questions include: "Did you quit? Did you stay quit? Do you need a med refill or refresher?" If so, a 30-minute in-person review is scheduled.

Minimum process timeframe: 4-6 Hours

Eligible Participants: Active Duty and family members, retirees and family members, DoD employees if their primary care provider is at Quantico

Resources: 3 part-time Tobacco Cessation Educators (stationed in Medical Home Port & Health Promotion); 1 part-time employee (metrics collection and compilation)

Outcomes

Navy (Medical Home Port, Naval Health Clinic):

Average quit rate for individuals receiving treatment at Medical Home Port: 56% (Oct 2012 – May 2014, 3- and 6-month follow-up rates combined).[2]

- **All patients seeing cessation specialist at Medical Home Port receive individual counseling; group classes are not offered in MHP.**

Marine Corps (Health Promotion, Semper Fit Gym):

- **Health Promotion cessation educator saw 9 individuals 1:1 in 2014, two of whom remained quit at 3 month follow-up, and two of whom were not able to be reached at follow-up. Although cessation educator offered group classes and marketed extensively (posting materials around the installation and on two Facebook pages), no cessation classes were attended in 2014.**
- **Tobacco cessation component incorporated into CSACC (substance abuse program) classes, 51 of which were conducted in 2014.**

Noteworthy Facts from Academic Research Shared with Program Participants

"Consuming milk, water, fruits and vegetables worsened the taste of cigarettes, while consuming alcohol, coffee and meat enhanced their taste." [3]

"What do nail polish remover, rat poison, hair dye, and lighter fluid all have in common? They all contain chemicals that can also be found in cigarettes." [4]

1 Information depicts process for individuals who saw tobacco cessation specialist at Medical Home Port only, not those who saw Health Promotion cessation specialist. 2 Quit rate reflects only those patients able to be reached at follow-up intervals, not necessarily the total number of patients seen. 3 "Dairy, Fruits and Veggies May Help Smokers Quit" Duke Medicine. 4 Apr 2007. 4 "Tobacco: General Health Information" Colorado State University (CSU) Health Network.

Tobacco Cessation: Mountain

Overview

- **Program Objective:** Through flexible program offerings and extensive outreach, give individuals no excuse not to quit tobacco
- **MTF:** Mountain Home
- **Implementation Dates:** April, 2010 - Present
- **Total Force Fitness Domains:** Physical, Medical and Dental, Behavioral, Psychological

Program Description

- Program follows Air Force's 3-pronged approach to tobacco cessation: (1) In-person classes, (2) Quitline capabilities (either through contract between base and American Lung Association or through the state's Quitline), and (3) Internet-based education program
- Individuals must complete either the online or in-person class to receive medicine; this requirement is associated with higher quit rates, as individuals are better educated on how to take medicine appropriately. Course is based on American Cancer Society's Freshstart curriculum.
- Unique program features include: condensed version of in-person class (a single 2-hour session as opposed to several

Evidence of Program Effectiveness

- In four years, the **percentage of tobacco users among Active Duty population** at Mountain Home has been **reduced by over one-third** (Aug 2014: 23.2% tobacco usage rate vs. 36% in 2010)
  - Tracking to match overall MAJCOM level of 19.2%
- In a follow-up survey conducted 90 days after program completion, **90% of participants report they have either quit or significantly reduced their**

Costs and Required Resources

- 1 employee certified in tobacco cessation, but only **5-10% of time is spent on tobacco efforts**
- Additional employees would allow for more comprehensive follow-up

Lessons Learned

- By not making in-person classes mandatory, program leaders keep all options open and **do not give participants any excuse *not* to quit**
- Offering a **single, condensed in-person class**, as opposed to multiple mandatory sessions, allows individuals to attend without missing too much work; participants receive a curriculum handbook following the course to review material not explicitly covered in the session
- Promoting program through **multiple marketing channels** broadens reach: program lead sends base-wide email with tobacco cessation class schedule one week before course begins to boost participation, coordinates 2-3 articles/year published in local and online newspapers

Tobacco Cessation at Mountain Home: Installation Environment Enabling Success

Unlike at Fort Sill, the tobacco cessation program at Mountain Home prohibits individuals from beginning cessation medication before completing an online or in-person course. The program's high success rates may be due in part to Air Force and installation policies promoting a tobacco-free environment, as well as to close coordination with providers.

What's the Process for Someone Trying to Quit?

Complete Online or In-Person Course
Individuals seeking to quit tobacco are required to complete either the online class or in-person course *before* they can receive medication. Course based on the American Cancer Society's Freshstart curriculum. There are typically 5-10 participants per class (~80% Active Duty)

Receive Medication Following Class
Using knowledge from the introductory class, individuals work with their healthcare providers to select the medication that is right for them (generally, Chantix, Zyban, or a nicotine patch)
**Providers will refer people to Health Promotion if individuals ask them directly for medication without first having taken the course*

Complete Follow-Up Survey
90 days after completion of the course, individuals receive a follow-up survey asking "Have you quit or significantly reduced the amount of tobacco you use?"

Minimum process timeframe: **2-3 weeks**

Eligible Participants: **Active Duty and family members, retirees and family members, civilians, contractors**

Resources: **5-10% of time of 1 Tobacco Cessation**

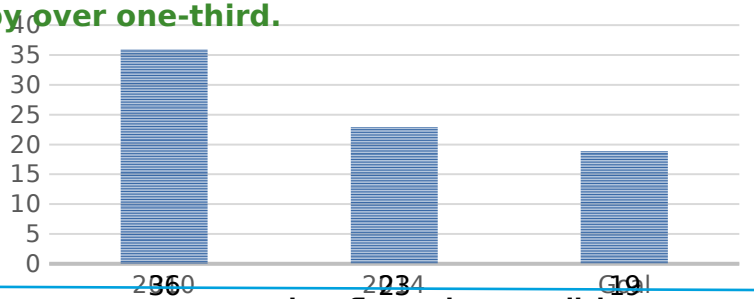
Program Outreach

Program lead has the unique ability to email the entire Active Duty base population (~3,800 service members); mass email has proven to be most effective strategy to get individuals to sign-up for the tobacco cessation class. Sign-ups are highest when mass email sent one week before the class.

Outcomes

Of those who completed the course, 90% report having quit or significantly reduced tobacco use (n=705, Mar 2010 – Oct 2014). Of those individuals, the majority have quit tobacco.[1]

Since the program started in its current form, the Active Duty tobacco use rate has decreased by over one-third.



Success rates may partly reflect tobacco policies implemented by the Air Force (AFI 40-102). Mountain Home enjoys:

- ✓ **Tobacco-free dorms and MTF**
- ✓ **Decrease in designated tobacco use areas from 175 to 54**

Higher program attendance and reduction in tobacco use were evident around timeframes strict policies were implemented. Additionally, the Air Force has the lowest tobacco use rate among the services, attributable in part to higher median age of service members and higher retention

1 Note: Data obtained through phone interview with Health Promotion Manager, Mountain Home (23 Oct 2014).

Tobacco Cessation: Yokota

Overview

- **Program Objective:** Support individuals through group classes and personalized follow-up in their journey towards tobacco-free living
- **MTF:** Yokota AB
- **Implementation Dates:** Ongoing for several years (Oct 2014 – Present under current facilitator)
- **Total Force Fitness Domains:** Physical, Medical and Dental, Behavioral, Psychological

Program Description

- Program consists of 1 hour/week group class for four weeks; based on Freshstart curriculum from American Cancer Society
- Approximately 5-6 participants per month-long session, though program leaders could accommodate more if needed; to provide flexibility, program leaders will back-brief new participants who express desire to quit midway through the course and let them join
- Inclusion of Military Family Life Counselor (MFLC) in the sessions fosters sense of community; MFLC often stays after course to discuss issues and personal concerns with participants in support group-like setting
- Those who successfully complete the course receive signed certificate, which must be shown to obtain prescription for cessation medication

Evidence of Program Effectiveness

- 2014: Of 31 individuals who successfully completed program, **85% remained quit at 6 months**
  - Dropout rate is negligible, as majority of participants complete the program successfully
  - Most participants who relapsed did so because they wanted a certain type of medication that Yokota AB couldn't provide due to its remote location

Costs and Required Resources

- 2 part-time Tobacco Cessation Specialists to conduct group sessions (1 hr/week) and follow-up (1 hr/month)
- MFLC to assist/facilitate (1 hr/wk)
- Costs: Copy/Print homework for participants, new Freshstart handbooks, training costs for new instructors

Lessons Learned

- **"Not death by Powerpoint"** – small, interactive group classes help build supportive community in which participants feel comfortable sharing their experiences, including previous attempts to quit tobacco
- **Effective Partnering** - MFLC is present in group sessions to explain stages of change in detail, and to facilitate after-class discussions
- **Demonstrate Flexibility** – individuals who express desire to quit are not turned away if the month-long course has already started; rather, program leaders provide a back-brief to get the person up to speed and allow him or her to join the course if only 1-2 sessions have passed.
  - Flexible approach means that individuals can capitalize on the window of opportunity when they want to quit
- **Multi-faceted Marketing:** Class is briefed at base orientation for newcomers, unit standups, on the Commander's

- to share their previous failed attempts to quit tobacco and openly support each other

Tobacco Cessation at Yokota AB: A Group-Based Approach

What's the Process for Someone Trying to Quit?

Make Decision to Quit

Individuals decide to attempt to quit tobacco. They may come to the decision on their own, or be encouraged by a friend or unit leader. All those who answer 'yes' to tobacco use on Preventive Health Assessment are sent a brochure with information on cessation program.

Complete Group Class

Sign up for group class, facilitated by tobacco cessation specialists (Health Promotions). The one-hour class meets on a weekly basis for one month (4 sessions). If 1-2 classes have passed, an individual may join midway through the course if back-briefed by cessation specialists. If needed, a cessation specialists will offer 1-on-1 course.

Receive Certificate of Completion, Obtain Medication

Individuals who successfully complete the course receive a Freshstart certificate signed by the program leader. Those who want cessation medication must show this certificate to their primary care provider in order to obtain a prescription.[1]

Follow-Up Conversation

Cessation specialists contact individuals at 1-, 3-, and 6-month intervals after the course to determine if they have remained quit. Phone calls are preferred, but if needed they will email participants. Follow-up tracker maintained by program includes comment section for personalization (hobbies, reasons for quitting, etc).

Minimum process timeframe: 2-4 Weeks

Eligible Participants: Active Duty and family members, retirees and family members, DoD federal employees

Resources: Part-time of 2 Tobacco Cessation Specialists
Part-time of Military Family Life Counselor (MFLC)

Benefits of Group Counseling

Evidence-based research suggests that group counseling offers benefits not provided by individual counseling.

- ✓ In a 12-month study of physical activity in older adults, those who engaged in group-based cognitive behavioral therapy showed greater improvements across all outcomes (physical activity, fitness, self-efficacy) compared to those engaged in standard exercise therapy.

Outcomes

In 2015, of 31 individuals who successfully completed the program, 85% remained tobacco-free 6 months later.

- **Program dropout rate is negligible** (majority of participants complete the program successfully)
  - Program fosters **safe group environment** in which individuals are encouraged to share their previous failed attempts to quit tobacco and openly support each other, potentially decreasing the likelihood of dropout
- Most participants who relapsed did so because they wanted a certain type of medication that Yokota AB couldn't provide due to its remote location

Program Spotlight: Comprehensive Marketing Approach

Yokota AB employs a wide variety of marketing mechanisms to promote the program across all eligible participant groups.

- ✓ **Installation Orientation:** Tobacco cessation program, along with all Health Promotions programs, is briefed at the "Rightstart" orientation for all newcomers to Yokota AB.
- ✓ **Designated Tobacco Areas (DTA):** Class schedule is posted at DTAs installation-wide.
- ✓ **Wing Standup:** Classes are highlighted to all commanders and unit leaders on a weekly basis.
- ✓ **Spouse Groups:** Program leaders are working to connect with Key Spouses groups to ensure they are aware of services offered, including tobacco cessation classes
- ✓ **Early Outreach:** MFLCs visit high school on the installation and speak to students about the dangers of tobacco

1 Note: Not all individuals choose to obtain medication. For those who do, completion of the course is required to obtain a prescription; however, in rare circumstances, exceptions can be made. 2 Rejeski, WJ et al. Older adults with chronic disease: benefits of group-mediated counseling in the promotion of physically active lifestyles.